

JUST THE FACTS

CRISIS INTERVENTION

AN EDUCATIONAL FACT SHEET FROM
THE FLORIDA ALCOHOL & DRUG ABUSE ASSOCIATION

WHAT IS A CRISIS?

A crisis is an internal reaction to stressors when normal coping mechanisms have broken down. The Chinese character for the word crisis is a combination of two symbols, danger and opportunity. A crisis can be seen as a turning point in a person's life and a chance for making a life-changing decision. A crisis is time limited and pushes for a resolution, which could be positive or negative in its outcome.

A crisis can have a developmental etiology or a situational etiology. Examples of developmental crises are: marriage, beginning college, and retirement. Examples of situational crises are: death of a loved one, job loss, and an automobile accident. Within a short time the crisis will be resolved, that is, coping mechanisms will be reestablished. In a positive, or adaptive resolution, stress is reduced, growth takes place, damage is held to a minimum, and personal coping skills are strengthened so that future crisis is dealt with successfully. In a negative, or maladaptive resolution, confusion increases, likelihood of violence and/or suicide increases, drug or alcohol abuse may be seen, and an unhealthy dependency may be facilitated so that future crisis will not be dealt with successfully.

WHAT IS CRISIS INTERVENTION?

Crisis intervention is a process to assist individuals in finding adaptive solutions to unsettling events. Crisis intervention can be done face to face in a crisis counseling setting or by telephone through a crisis line. Most Community Mental Health Centers have crisis stabilization units. These units can provide an assessment of the severity of a psychiatric crisis and whether immediate psychiatric inpatient care is needed. Through a telephone crisis line, twenty-four hour accessibility is also available. A crisis line can deal with any type of crisis—from someone thinking about suicide, to a person addicted to alcohol or other drugs, to someone who can't sleep because they have financial problems.

STEPS IN CRISIS INTERVENTION

- ❑ **DETERMINING SEVERITY OF THE CRISIS.** The first step in crisis intervention is determining the severity of the problem. If the person in crisis is physically injured or violent some immediate steps need to be taken to safeguard this person and those around them. More typically, the person in crisis is confused, anxious, and unsure of what to do next. This is not an immediate medical emergency. There is some time to assess the problem and deal with solutions.
- ❑ **FORMING A CONNECTION.** To assist a person in crisis, it is necessary to form a human connection with them. The person must feel you care about them and are concerned about the situation they are in. When crisis intervention is done in person, the helper's body language, facial expressions and eye contact will all convey caring and interest. With telephone crisis intervention, the helper must draw upon the words they use, their tone of voice, their speaking speed, the loudness of their voice, and inflection to convey caring and interest.
- ❑ **SHOWING EMPATHY.** The initial response to a person in crisis should demonstrate empathy. This is the communication to the person in crisis that you, the helper, understand the feelings being expressed by the person in crisis. This is done through a reflection of the feelings expressed using other words. For example, if the person in crisis says "My dog, that I've had for fifteen years, just died and I don't know what to do. I miss him so much." A reflective and empathetic response could be, "It sounds like you are feeling sad and lonely right now." This empathetic response begins the human connection that is vital to crisis intervention.
- ❑ **EXPLORING THE PROBLEM.** The next step in crisis intervention is exploring the problem. In crisis intervention it is important to focus on the immediate situation. "Can you tell me what happened today?" is a good question to explore the problem.

One of the main differences between crisis intervention and traditional counseling is this emphasis on the present and immediate past in crisis intervention. Delving into someone's unhappy childhood or unresolved anger over an event that occurred twenty years ago would not be a prudent use of time during a crisis intervention. The goal of crisis intervention is to help the person through the immediate crisis and refer them for help with long-standing, unresolved less temporal issues. The tools used to explore the problem in a crisis intervention setting are active listening and paraphrasing.

- ❑ **ACTIVE LISTENING.** Active listening is a technique developed by Carl Rogers. In active listening the listener tries to grasp both the facts and the feelings in what he has heard. All individuals have experiences which build up a picture of themselves, their self-image. Direct attempts to change someone's self-image are threatening and individuals react defensively to such efforts. Rigidity of behavior and denial of experiences are the result. Active listening does not present a threat to the individual's self-image.

When we encounter a person with a problem our usual response is to change their way of looking at things - to get them to see the situation the way we see it or would like them to see it. We plead, reason, scold, encourage, insult, prod - anything to bring about a change in the desired direction - that is, the direction we want them to travel.

Active listening does none of the above coercive activities. We attempt to see the problem through the eyes of the person with the problem. Additionally, we must convey to the person with the problem that we are seeing things from their point of view.

- ❑ **PARAPHRASING.** The best way to convey that you are seeing things from the other person's point of view is to utilize a technique called paraphrasing. Paraphrasing is a technique where you reflect back the facts and feelings of the person with a problem to them using your own words.

Paraphrasing is often mistaken for simply "parroting," the echoing of what was said by the person with a problem. The difference between paraphrasing and parroting is that in paraphrasing you are attempting to reflect the total facts and feelings stated by using your own different words. For example, if the person explains to you that they "got treated really badly by this teacher who wouldn't listen to their explanation of why they were late to school" the parroting response might be "you feel you got treated badly because they wouldn't listen to you." A paraphrase would be "you must feel angry because your explanation was ignored."

Paraphrasing helps the person with a problem to clarify their thoughts. Remember that a person in crisis is not always thinking that clearly. By restating their words, it is like "rereading" their statement before continuing. Paraphrasing also helps keep the conversation on the subject. It encourages deepening the original thought before widening the scope of the thought with new information.

- ❑ **EXPRESSING EMOTION.** The feelings, not only the content of the material presented, must be examined so that a complete picture of the crisis, through the eyes of the person in the crisis, can be obtained. Many people have difficulty expressing their feelings. They may have been taught at an early age to contain their feelings, and not to express their emotions outwardly. When these individuals are in crisis they may seem unaffected or detached and emotionless about their situation.

It may be beneficial to model the use of emotional language for such people, and to label their emotions for them. If they were to say "It is a bad day when your mother dies," an appropriate response labeling the feelings might be "I'm certain you were quite upset and sad on that day." This modeling and labeling will yield high dividends toward enriching the communications of individuals that are emotionally closed or stifled.

Conversely, there are some individuals who become overly emotional during a crisis. They may be crying or overwrought to the extent that communication is impossible. For these individuals, support that they have done the right thing in contacting you for help with their problem may be important as a starting place for communication. Allowing them to express their emotions through permission to cry may also be helpful. Telling a crying person to stop crying, or that you can't help them if they keep crying, is generally not at all helpful nor is it successful in achieving the desired effect.

- ❑ **HONORING VALUES.** Part of active listening is being nonjudgmental. We cannot substitute our values or ideas of what would be best for the person in crisis for their own. We cannot express shock or disgust by the feelings pouring out of the person in crisis. Some of those feelings may be extremely intense.

A person might say, "I'm ashamed to say it, but I'm glad that she is dead. She made my life a living hell." We may be tempted to say "You don't really mean to say you're glad she is dead." But that would not be active listening. A response such as "Along with the sadness you're also feeling some relief, as a very negative chapter in your life comes to a close" might be better in demonstrating to the person that you are attempting to understand the emotions they are expressing. We must always remember that the person in crisis must choose the path toward a solution that is best for them, not the one that we may believe is the best.

- ❑ **OFFERING SOLUTIONS.** After we hear a considerable amount of detail regarding the present crisis and the feelings underlying those facts, we will want to summarize what we understand to this point. This step is in preparation for offering alternative possible solutions and is necessary in determining that you, as the helper, have the clearest understanding of the person's crisis as you can. After your summary, the person with the crisis may modify the situation by adding new details, or correcting your interpretation.

- ❑ **DEVELOPMENT OF AN ACTION PLAN.** The final step in crisis intervention is the development of an action plan. The action plan is a listing of the steps the person in crisis will take to resolve the crisis. The action plan will be specific, concrete, and performed in small mutually agreed upon increments. The person in crisis should develop the action plan with the assistance of the crisis counselor.

Generally, the action plan begins with the question "What solutions for similar problems have worked for you in the past?" and "How have you tried to resolve this current crisis?" These questions save time formulating solutions already rejected, and get the person in crisis to remember past coping mechanisms. Once that is done, there may be other alternatives which the person in crisis has not thought to try. Introducing them with the phrase "What do you think would happen if you tried . . . ?" might be a way of exploring some options.

The action plan must be very time specific. The person in crisis is desperately looking for some relief. To give them hope of moving in a positive direction today, and to see some concrete examples of some resolution by tomorrow greatly benefits the individual requesting help. There should also be a specific follow-up plan. If the action steps run into a snag, if there are unanticipated complications, there needs to be further contact so that the plan can be modified. It is also beneficial to have follow-up to monitor progress on the action plan.

BARRIERS TO INTERVENTION

Each person has barriers to successfully assisting an individual during a crisis. These barriers may be biases or cultural myths or the helper's own emotional hot buttons. Barriers will distort our perception of what is being said and taint our analysis of the problem. If we believe that abortion is wrong, that belief may distort the options we suggest to a person in crisis. If we believe that people with an accent are lazy, our ability to assist the person that calls us and has an accent may be impaired. If we have been victims of spouse abuse ourselves, it may be difficult for us to help an abuser that calls us for assistance.

- ❑ **RECOGNIZING BIASES.** The first step in overcoming barriers to successful crisis intervention performance is for the helper to recognize their own biases, beliefs, and emotional hot buttons that might distort their perceptions and hamper their effectiveness. Crisis intervention training must incorporate activities and exercises that examine these areas within each potential helper. Knowing of their existence is the beginning. Not allowing those barriers to interfere with our perceptions and assessments is step two.
- ❑ **BURN OUT.** Other factors that may interfere with a helper's ability to assist others are fatigue, illness, or lack of motivation on the helper's part.

Crisis intervention work is often done late at night, on weekends, or holidays. The helpers must be attuned to their own needs and not overextend themselves. Lack of motivation must be assessed regularly by the persons performing crisis intervention work. "Burn out" is an occupational hazard in this field. Not caring about those in need, hoping no one calls or comes in during your shift, and trying to move to the action planning phase as quickly as possible, without an accurate assessment, are all symptoms of lack of motivation.

- ❑ **TRAINING.** Role playing of particularly emotionally charged scenarios can be very useful. The crisis intervention training team must individually assess the potential helper's ability to overcome their personal barriers. Crisis intervention work is not for everyone. The training sessions should also be an evaluation period. The successful crisis intervention trainee is able to assimilate the information dispensed at the training sessions, apply the information in the crisis intervention format, and overcome any barriers they have.

CONCLUSION

Crisis intervention is a process of assisting individuals to find adaptive solutions to a short-term situation that is causing them distress. The steps of crisis intervention are: connection, exploration of the problem, exploration of possible solutions, and development of a mutually agreeable action plan. The techniques employed are empathy, active listening, paraphrasing, and support. Although crisis intervention is stressful, demanding work, there are great rewards in assisting others. For information on crisis intervention services in your area, contact the local suicide prevention hotline or community mental health center.

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